

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

IRD NO. **HZ363168**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>WARDEN, RONALD A</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE <b>1319 S SAWYER AVE</b>	
STAR NO.	POSITION <b>DETENTION AIDE</b>	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT <b>16-DEC-2011</b>	EMPLOYEE NO. [REDACTED]	LOCATION CODE <b>330-OTHER</b>	BEAT OF OCCURRENCE <b>1022</b>
UNIT OF ASSIGNMENT <b>171</b>	BEAT/CALL NO.	DATE OF OCCURRENCE <b>25-JUL-2016</b>	TIME <b>05:57:00</b>
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>BLACK</b>	DAY OF WEEK <b>MONDAY</b>	
HEIGHT <b>508</b>	DOB [REDACTED] <b>1959</b>	NO. OF OFFICERS BATTERED <b>1</b>	
WEIGHT <b>235</b>		WERE THERE ASSISTING UNITS ON SCENE?    1. <input type="checkbox"/> YES    2. <input checked="" type="checkbox"/> NO	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)?	
<input type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input checked="" type="checkbox"/> G. OTHER <u>DETENTION AIDE</u> <input checked="" type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		<b>MANNER OF ATTACK</b> <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		<b>TYPE OF WEAPON/THREAT</b> (Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER <b>22 SHORT</b> <input type="checkbox"/> 1. REVOLVER <input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) <u>ATT ARMED ROBBERY</u>	
TYPE OF ACTIVITY		FIREARM USE INFORMATION (Check all that apply):	
<input checked="" type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input type="checkbox"/> K. OTHER		<input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
TYPE OF INJURY TO OFFICER		OFFENDER INFORMATION	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		SFX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F    RACE <b>BLACK</b> DOB    [REDACTED] <b>1984</b> CB NO. <b>19347055</b> IR NO.	
LIGHTING CONDITIONS AT INCIDENT		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?    GANG RELATED?	
<input checked="" type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD		<input type="checkbox"/> 1. YES <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN <input type="checkbox"/> 3. UNKNOWN	
WEATHER CONDITIONS		NO. OF OFFENDERS PRESENT? <b>2</b>	
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / ICE <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE WIND		APPROXIMATE OUTDOOR TEMPERATURE: <b>75°F</b>	

Attachment 8

**The offender had the Department member at gunpoint in an Attempted Armed Robbery**

REPORTING MEMBER - SIGNATURE  
WARDEN, RONALD A

STAR NO.  
[REDACTED]

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
RYAN, KEVIN P 92  
[REDACTED]